

| POSITION                  | INITIALS           | ID NO. | DATE     |
|---------------------------|--------------------|--------|----------|
|                           | <i>[Signature]</i> |        | 03/15/00 |
| FEE DETERMINATION         |                    |        |          |
| O.I.P.E. CLASSIFIER       | <i>LOW</i>         | 32     | 3/00     |
| FORMALITY REVIEW          |                    | 11634  | 5/16/00  |
| RESPONSE FORMALITY REVIEW |                    |        |          |

# INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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